UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM, PLAINTIFFS	§	
v.	§	CIVIL ACTION NO. 4:14-cv-3253 JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT EASON, the UNIVERSITY OF TEXAS MEDICAL BRANCH and the TEXAS DEPARTMENT OF CRIMINAL JUSTICE. DEFENDANTS	§	

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 26

From: Cacciatore, Sandra J.
Sent: Monday, July 11, 2011 3:10 AM
To: Archie, Jewel E.
Subject: close call

WE HAD A CLOSE CALL TONIGHT. AN OFFENDER WAS FOUND IN CELL UNRESPONSIVE. MOST LIKELY HEAT STROKE. HE ARRIVED AT HMH IN CARDIAC ARREST. THE THING IS, I WAS LOOKING AT HIS MEDS AND NOTICED HE HADN'T GOTTEN ALL HIS MEDS. ANOTHER OFFENDER DIDN'T GET MEDS YESTERDAY EITHER AND I HAD TO DELIVER TO B BLD. HIS NAME IS WILLIAMS ,DURRELL 1709063. THE 911 GUY IS WILLIAM ROBERTS 1717525.

From: Archie, Jewel E.
Sent: Friday, July 08, 2011 12:42 PM
To: Mock, Debbra J.; Cano, Joe M.; McCallister, Kathryn A.; Tyler, Katy L.; Ford, Lisa M.; Thornton, Pamela J.; Cacciatore, Sandra J.; Mantz, Tammie L.; Raney, William P.; Wilkerson, La tarvia; Gilbert, Mary A.; Harris, Virginia R.
Subject: FW: MEDICATION PADS

Make sure to secure medication pass pads and do not leave them lying around. The offenders will walk away with them.

Jewel Archie, RN, BSN

Cluster Nurse Manager - Correctional Managed Care (CMC)

Holliday Facility **Byrd Facility**

936-295-4252 x4252 **936-295-5768 x4365**

Fax: 936-291-2993 **Fax: 936-293-3193**

University of Texas Medical Branch - 301 University Boulevard - Galveston, TX 77555-1008

UNITED STATES DISTRICT COURT
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Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 27

Patient Account 20005972-517
Med. Rec No. (0150)242119N
Patient Name JACKSON, CURTIS
Age: 38 YRS DOB [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
Attending Dr OUTSIDE TDCJ
Date / Time Admitted 08/22/11 1501
Copies to

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5663
Pathology Report

162 3790

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00175

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
Date/Time of Death: 8/20/2011 09:01 Date/Time of Autopsy: 8/23/2011
Pathologist/Resident: STOUT/KOSHY Service: TDC CONTRACT
Restriction: NONE

***
The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.
***

FINAL AUTOPSY DIAGNOSIS

I. Cardiovascular system: Findings consistent with sudden cardiac death, probably due to an arrhythmia from Wolff-Parkinson-White (WPW) syndrome. History of ST segment elevation myocardial infarct in Jan/2010, but no large scar identified at autopsy — C1
A. Heart, left ventricle, posterior wall: Fibrosis consistent with subendocardial ischemia about 3 months old, and mid wall ischemia about 1 month old. — A3
B. Heart, coronary arteries: Small caliber arteries with mild atherosclerosis and no significant stenosis — A3
C. Heart, anteroseptal wall: History of probably reversible wall defect during stress test on 8/18/2011. No myocardial lesions found at autopsy — C3
D. Heart, left ventricle: Concentric hypertrophy consistent with hypertension, 420 gm — A4
E. Heart: History of Wolff-Parkinson-White syndrome with intermittent atrial fibrillation — C2
1. Heart, right ventricle and right atrial appendage: Dual pacemaker leads superficially embedded in myocardium. One lead has a complete loop in the left innominate vein — A5
2. Heart: No Kent fibers identified — A5
F. Aorta: Minimal atherosclerosis — A5
G. Heart, inter atrial septum: Pencil patent foramen ovale — A5

II. Body as a whole: Findings consistent with Kallman syndrome — A4
A. Genital system: Hypoplastic genital organs — A4
1. Testes: No grossly visible testes identified — A5
2. Penis: Small (1.5 x 3.7 cm) — A5
3. Prostate: Small and immature — A5
4. Body as a whole: Female habitus — A5
5. Body as a whole: Head to pubic bone 70 cm, pubic bone to heel 106 cm (eunuchoid habitus) — A5

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD; 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name JACKSON, CURTIS
Patient Location AUTOPSY
Room/Bed -
Printed Date / Time 10/06/11 - 0723

Continued....

Patient Account 20005972-517
Med. Rec No (0150)243119N
Patient Name JACKSON, CURTIS
Age 38 YRS DOB [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
Attending Dr OUTSIDE TDCJ
Date/Time Admitted 08/22/11 1501
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00175

FINAL AUTOPSY DIAGNOSIS

B. Brain: Bilateral arhinencephaly/olfactory aplasia (absence of olfactory bulbs and tracts) (see Neuropathology final report) A5
C. Heart: History of Wolff-Parkinson-White syndrome C4

III. Other findings:
A. Spleen: Accessory spleen (0.6 cm) A5
B. Pituitary gland, anterior lobe: Microadenoma, chromophobe type (see Neuropathology final report) A5
C. Body as a whole: No evidence of significant acute injury is identified A5
Comment: See Clinicopathologic Correlation for cause of death

Continued....

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Med. Rec. No. (0150)262119N
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00175

CLINICAL SUMMARY:

The patient was a 38 year old African American TDCJ inmate at the Estelle Unit in Huntsville, Texas who was found unresponsive in his cell at 7:30 AM on 8-20-11. Cardiopulmonary resuscitation was initiated and the patient was transferred to Huntsville Memorial Hospital. No vital signs were able to be obtained and the patient was pronounced dead at 9:02 AM on 8-20-11. His past medical history includes hypertension, atrial fibrillation, Wolff Parkinson White syndrome, pacemaker placement, coronary artery disease and an ST segment elevation myocardial infarction in January 2010. He is status post percutaneous coronary intervention in the right coronary artery and failed ablation for Wolff Parkinson White syndrome. The patient's medications include metoprolol, aspirin, enalapril and nitrostat.

On 8-3-11, during a visit to the University of Texas Medical Branch Department of Cardiology, the patient reported recent episodes of dizzy spells and palpitations and feeling like he was going to pass out. Physical examination, including the cardiovascular exam was normal. An EKG at the time showed an AV sequential or dual chamber artificial pacemaker with no abnormalities. The patient was then scheduled for an outpatient stress test on 8-18-11 which showed a partially reversible, moderate in size and severity, antero-septal wall defect.
A complete autopsy was performed on 8-23-11.

JTK/da
08/23/11

Continued....

Patient Account 20005972-517
Med. Rec. No (0150)242119N
Patient Name JACKSON, CURTIS
Age: 38 YRS DOB [redacted] Sex M Race B
Admitting Dr. OUTSIDE TDCJ
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Autopsy No.: AU-11-00175

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by left ankle bracelet as "Curtis Jackson", is a well developed, mild to moderately obese, African American male, measuring 176 cm in length, and weighing approximately 250 lbs according to recent medical records. His body length from his head to the pubic bone is 70 cm and from the pubic bone to the feet is 106 cm. Body habitus is somewhat female with widened hips and thighs, somewhat narrowed shoulders, and decreased arm and leg muscle seze. The nipples appear slightly enlarged but there is no gynecomastia. The general appearance is consistent with the reported age of 38 years. Rigor mortis is present in the arms and legs and there is fixed lividity on the back and posterior legs. The head is normocephalic with 0.5 cm of black hair. The patient has a very small black mustache and a scant beard.

The irides are brown with equal pupils measuring 0.3 cm in diameter. The corneas are cloudy, the conjunctivae are pale, and the sclerae are white. The nares are patent with no exudate. Dentition is good. Buccal membranes are normal. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly. There is a 2 x 0.5 cm healed scar located approximately 3 cm to the left of the midline and 4 cm above the line of the nipple. There is also another 2 x 0.5 cm scar located just above the previously mentioned scar. There is a 5 x 1 cm scar located on the left upper chest. There is a 0.5 cm scar on the right lower quadrant of the abdomen which is approximately 10 cm from the midline and a similar scar just left of the midline in the left lower quadrant. There is a 5 x 2 cm abrasion on the mid sternum.

Body hair distribution is scant and mainly pubic where the upper edge is flat suggesting a female pattern. The chest diameters are normally proportioned. The abdomen is mildly protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is unremarkable. The arms and legs are unremarkable. The genitalia are small with the glans penis being 1.5 cm in width, and the entire penis being 3.7 cm long. The scrotum is quite small and flat, and the testes are not palpable.

The following evidence of medical intervention is present:
1. Endotracheal tube in place with a blue, white and yellow collar
2. Defibrillator pads located on the right upper chest and left lateral chest
3. EKG lead on the left lower quadrant
4. IV line coming out of the patient's right forearm area

The following marks and scars are present:
1. A tattoo right below the neck area in green ink with the words being illegible

Continued....

Patient Account 20005972-517
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Patient Name JACKSON, CURTIS
Age. 38 YRS DOB: [redacted] Sex M Race B
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Date/Time Admitted 08/22/11 1501
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00175

GROSS DESCRIPTION:

2. A tattoo on the right arm just below the antecubital fossa in green ink. The words are illegible.
3. A tattoo on the left arm below the antecubital fossa in green ink with the words being illegible.

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 6.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The left pleural cavity contains 10 ml of blood tinged fluid, and the right 100 ml of blood tinged fluid.

The pericardial sac contains 20 ml of clear orange fluid.

The right sided 2,3,4,5, and 6 ribs are fractured. The left sided 3,4,5 ribs are fractured.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains no fluid. The omentum is focally adhesed to the above mentioned laparoscopy scars and the cecal region. The appendix is absent.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 420 gm (normal male 270-360). The pericardium is normal. The heart is covered by approximately 90% in epicardial fat. There is moderate concentric left ventricular hypertrophy. The coronary arteries were removed and placed in decalcification fluid for further examination. The heart is examined by transverse serial slicing and then opening following the flow of blood. The posterior wall of the left ventricle shows a 0.5 cm possibly old infarct scar. The remaining myocardium is without lesions. The endocardium is normal. The left ventricular wall is 1.8 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.2 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are normal. There is one pacemaker lead embedded in the right atrial appendage and there is one pacemaker lead embedded in the right ventricle. One lead is coiled into a 5 cm loop in the left inominate vein near its junction with the superior vena cava. The vein is stretched by the lead which is adhered to the wall by fibrosis at all contact points, thus flattening the lumen. The lumen is not compromised by this fibrous tissue and the remaining leads are free of thrombus. No purulence is seen around the pacemaker and the leads inside and outside of the veins.

Valve circumferences measured on the fresh heart are: tricuspid valve 12 cm (normal 12-13 cm), pulmonic valve 7.7 cm (normal 8.5-9.0 cm), mitral valve 9.9 cm (normal 10.5-11.0 cm), and aortic valve 7.3 cm (normal 7.7-8.0 cm). The

Continued....

Patient Account 20005972-517
Med. Rec No (0150)242119N
Patient Name JACKSON, CURTIS
Age. 38 YRS DOB. [redacted] Sex. M Race B
Admitting Dr OUTSIDE TDCJ
Attending Dr. OUTSIDE TDCJ
Date / Time Admitted 08/22/11 1501
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Fax (409) 772-5883

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2838

Autopsy No.: AU-11-00175

GROSS DESCRIPTION:

foramen ovale is pencil patent.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. Serial sections of the coronary arteries revealed small vessels with mild focal atherosclerosis but no significant stenosis. The aorta exhibits only mild atherosclerosis. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa and the vocal cords are normal. The tracheal mucosa is normal. There is an endotracheal tube in place in the trachea.

Lungs: The right lung weighs 630 gm (normal male 435), and the left 510 gm (normal male 385). The pleural surfaces are smooth and has mild anthracotic pigments. The left lung is inflated with formalin before sectioning. The bronchial and vascular trees are normal. The hilar nodes are normal. The lung parenchyma has alternating light and dark red areas with fine porosity.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is normal.

Tongue: The tongue is normal.

Stomach and duodenum: The stomach contains 20 ml of chyme which is dark green and smooth. The mucosa is normal.

The duodenal mucosa is normal.

Pancreas: The pancreas is normal. The pancreatic duct is patent.

Biliary tract: The gallbladder contains 15 ml of green bile with no stones. The mucosa is normal. The wall measures up to 0.3 cm thick. The cystic duct, hepatic duct, and common duct are normal.

Liver: The liver weighs 1400 gm (normal male 1400-1900). The liver is serially sliced to reveal no lesions.

Small Bowel: The bowel is normal throughout. The lumen contains semi-liquid material. There is an area of focal hemorrhage in the small bowel mucosa located approximately 6 inches from the cecum.

Large bowel: The lumen contains fecal material. The mucosa is normal.

The appendix is surgically absent.

Continued....

Patient Account 20005972-517
Med. Rec No. (0150)242119N
Patient Name JACKSON, CURTIS
Age 38 YRS DOB [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
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Date / Time Admitted 08/22/11 1501
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00178

GROSS DESCRIPTION:

Rectum and anus: The rectum and anus are normal.

Reticulo-Endothelial System: Spleen: The spleen weighs 180 gm (normal 125-195 gm). Serial slicing reveals no lesions. There is also an accessory spleen weighing 0.6 gm that has no lesions.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 130 gm and the left 110 gm (normal male 125-170 gm). The capsules strip with ease to reveal normal cortical surfaces. Serial slicing reveals no lesions. The cortex on the right measures 0.5 cm and the medullae on the right measures 1.5 cm. The cortex on the left measures 0.7 cm and the medullae on the left measures 1.6 cm. The renal pelvices are normal.

Ureters: The ureters are normal throughout their length, measuring 0.3 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is normal.

Prostate: The prostate is very small in size. Serial slicing reveals no lesions. The seminal vesicles are also small.

Testes: The scrotum was opened by exposing the spermatic cords from the abdomen bilaterally. The scrotum lay flat against the perineum and its inner walls were covered by a layer of fat. Removal of the entire spermatic cords into the scrotum revealed no definite testes anywhere although microscopy may disclose something. The right spermatic cord was misplaced during the examination and could not be found.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 22.3 gm (normal 10-22 gm). Serial slicing reveals no lesions.

Parathyroids: The parathyroids can not be identified.

Adrenal glands: The right adrenal gland weighs 4.4 gm and the left 6.6 gm (normal 5-6 gm). Serial slicing in the transverse plane reveals no lesions.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater

Continued....

Patient Account 20005972-S17
Med. Rec No. (0150)242119N
Patient Name JACKSON, CURTIS
Age: 38 YRS DOB [redacted] Sex M Race B
Admitting Dr. OUTSIDE TDCJ
Attending Dr: OUTSIDE TDCJ
Date / Time Admitted: 08/22/11 1501
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Fax (409) 772-5663
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00175

GROSS DESCRIPTION:

are normal. The brain weighs 1330 gm (normal male 1200-1400). The gyri and sulci are normal without edema or atrophy. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The fragmented pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination. Blood samples were retained for toxicology.

JTK/da
08/24/11

Patient Name JACKSON, CURTIS
Patient Location: AUTOPSY
Room/Bed -
Printed Date / Time 10/06/11 - 0723

Page 8

Continued....

Patient Account 20005972-517
Med. Rec No. (0150)242119N
Patient Name JACKSON, CURTIS
Age 38 YRS DOB [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
Attending Dr OUTSIDE TDCJ
Date / Time Admitted 09/22/11 1501
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Fax (409) 772-5663
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00175

MICROSCOPIC DESCRIPTION:

- All slides are stained with H&E unless otherwise stated
- NPC= No pathologic change
- (Autolysis) after a diagnosis means that post mortem decomposition compromised the assessment.

RIGHT CORONARY ARTERY, slide 1: Three segments have mild atherosclerosis without significant stenosis

LEFT ANTERIOR DESCENDING CORONARY ARTERY, slide 2: Three segments have mild atherosclerosis without significant stenosis.

CIRCUMFLEX CORONARY ARTERY, slide 3: One segment has mild atherosclerosis without significant stenosis.

VERTEBRA, slide 4: Bone trabeculae with no pathologic change. Marrow cellularity is about 30%; M E ratio is about 3 to 1; all elements have normal maturation.

LEFT ADRENAL, slide 5: Focal mature lymphoid infiltrate of uncertain significance, otherwise no pathologic change.

LEFT TESTIS, slide 6: Immature epididymal tubules, no testis identified.

SPERMATIC CORD, slide 7: Fibrovascular tissue, no reproductive structures seen.

ACCESSORY SPLEEN, slide 8: Normal splenic tissue.

LEFT KIDNEY, slide 9, and RIGHT, slide 12: Focus of subcortical atrophy and lympho-plasmacytic infiltrate consistent with healed pyelonephritis on the right, otherwise no pathologic change.

THYROID, slide 10: Rare lymphoid infiltrate possibly damaging a single follicle, of uncertain significance, otherwise no pathologic change

LIVER, slide 11: A few portal lymphocytic infiltrates and occasional macrocytic fat droplets, probably clinically insignificant.

SPLEEN, slide 13: No pathologic change.

JEJUNUM, slide 14: Probably no pathologic change (autolysis)

ILEUM, slide 15: Focal submucosal hemorrhage of uncertain etiology, otherwise no pathologic change (autolysis).

Continued....

Patient Account 20005572-517
Med. Rec No (0150)242119N
Patient Name JACKSON, CURTIS
Age 38 YRS DOB [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
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Date/Time Admitted 08/22/11 1501
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-11-00175

MICROSCOPIC DESCRIPTION:

COLON, slide 16: Probably no pathologic change (autolysis)

LUNGS, LEFT, slide 17 and RIGHT, slide 18: Occasional peribronchiolar lymphoid infiltrates of uncertain significance, otherwise no pathologic change. No perivascular crystals seen.

PANCREAS, slide 19: Probably no pathologic change (autolysis)

STOMACH, slide 20: Gastroesophageal junction with probably no pathologic change (autolysis)

HEART, LEFT VENTRICLE, POSTERIOR, slide 21, ANTERIOR, slide 22, LATERAL, slide 23, SEPTUM, slide 24, ANTERIOR SEPTUM, slide 26, MID SEPTUM, slide 27 and POSTERIOR SEPTUM, slide 28: Streaky subendocardial fibrosis consistent with ischemia 3 months of age, and lesser streaky mid wall fibrosis about 1 month of age involve 5-10% of the myocardium in slide 21. This amount of fibrosis does not seem consistent with an ST segment elevation myocardial infarct. The other slides have only moderate myocyte hypertrophy. No necrosis or fibrosis is seen in the anteroseptal myocardium sampled.

HEART, RIGHT VENTRICLE, slide 25: No pathologic change.

PROSTATE, slide 29: Moderate chronic inflammation of prostatic urethra. Marked immaturity with smooth and skeletal muscle, but only a few small ducts near the urethra and no glands.

HEART, SA NODE, slides 30,31: Normal SA node tissue in 5 of 5 tissue fragments.

HEART, AV NODE, slides 32-34: Normal HIS bundle and right bundle branch tissue identified in 1 of 5 tissue fragments.

HEART, LEFT LATERAL WALLS, slides 35 and 36, and RIGHT LATERAL WALL, slides 37 and 38: No Kent fibers identified in 4 fragments through the atrial ventricular ring on the right and left sides.

Toxicologic studies of blood were non-contributory.

LCS/da
09/21/11

Continued....

Patient Account 20005972-517
Med. Rec No. (0150)262119N
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Age: 38 YRS DOB [redacted] Sex M Race B
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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00175

CLINICAL HISTORY:
The patient was a 38 year old African American TDCJ inmate at the Estelle Unit in Huntsville, Texas who was found unresponsive in his cell at 7:30 AM on 8-20-11. Cardiopulmonary resuscitation was initiated and the patient was transferred to Huntsville Memorial Hospital. No vital signs were able to be obtained and the patient was pronounced dead at 9:02 AM on 8-20-11. His past medical history includes hypertension, atrial fibrillation, pacemaker placement, coronary artery disease and an ST segment elevation myocardial infarction in January 2010. He is status post percutaneous coronary intervention in the right coronary artery. A complete autopsy was performed on 8-23-11.

PATHOLOGIST/RESIDENT: STOUT/KOSHY

GROSS DESCRIPTION:
Submitted for neuropathologic examination are brain (unfixed weight 1330 g), fragmentary convexity and posterior fossa dura, spinal cord with spinal dura (length 23 cm, conus medullaris and filum terminale present), and pituitary gland.

The portions of dura submitted are grossly unremarkable. There is no evidence of significant jaundice staining. There is no evidence of acute hemorrhages, subdural membranes, masses, or thrombosis of the included sinuses.

External examination reveals the brain to be intact with transparent convexity leptomeninges. Olfactory bulbs are absent, and there is no suggestion of severed proximal ends. The olfactory sulci are present but discontinuous. The brain is otherwise normally developed, and corpus callosum is normal in size. There is no evidence of arachnoid hemorrhage, exudate, focal softening, discoloration, atrophy, swelling or herniation. The major cerebral arteries are free of atherosclerosis. The circle of Willis has a normal pattern, and no aneurysms or other malformations are identified.

The hemispheres are sliced coronally, revealing no other developmental anomalies, and normal cerebral ventricles. The cortical ribbon is normal in thickness and appearance, the cerebral white matter is normally myelinated, and the gray-white junction is distinct throughout. No gross lesions are identified in the hemispheres.

The brainstem and cerebellum are separated through the cerebellar peduncles, and the cerebellum is sliced sagittally and the brainstem transversely. Both structures are normally developed, and have normal pigmentation of substantia nigra and locus ceruleus. There is no evidence of gross lesions.

The spinal dura is opened anteriorly, revealing no evidence of extradural, subdural or arachnoid hemorrhage. The spinal cord is sliced transversely at

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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00175

GROSS DESCRIPTION:

0.5 to 1 cm intervals, revealing normal development and no evidence of parenchymal lesions.

The pituitary gland is fragmentary, but there is no evidence in the fragments of external hemorrhages or internal lesions.

Photographs made during gross brain examination: external - base of brain.

DICTATED BY: GERALD A. CAMPBELL, M.D., PATHOLOGIST
09/08/11

SECTIONS TAKEN:

B1: Pituitary gland; B2: Right frontal, area 8; B3: Right basal ganglia; B4: Left hippocampus B5: Left cerebellum.

FINAL DIAGNOSES:

A. Brain and cranial dura (weight 1330 g):
1. Brain: Bilateral arhinencephaly/olfactory aplasia (absence of olfactory bulbs and tracts)

B. Spinal cord and spinal dura (23 cm caudal segment): No abnormalities

C. Pituitary gland fragmentary:
1. Anterior lobe: Microadenoma, chromophobe

COMMENTS:

***
The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.
***

GERALD A. CAMPBELL, M.D., PATHOLOGIST
Division of Neuropathology .

Patient Account 20005972-517
Med. Rec No (0150)242118N
Patient Name JACKSON, CURTIS
Age: 38 YRS DOB: [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
Attending Dr. OUTSIDE TDCJ
Date/Time Admitted 08/22/11 1501
Copies to

Gross: 09/08/11
Final: 09/16/11

(Electronic Signature).

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5663

Pathology Report

Patient Account 20005972-517
Med. Rec. No (0150)242119N
Patient Name JACKSON, CURTIS
Age 38 YRS DOB [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
Attending Dr OUTSIDE TDCJ
Date / Time Admitted 08/22/11 1501
Copies to

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University of Texas Medical Branch
Galveston, Texas 77555-0643
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Fax (409) 772-5665
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2658

Autopsy No.: AU-11-00175

CLINICOPATHOLOGIC CORRELATION:

The combination of bilateral arhinencephaly and hypogonadism leads to the diagnosis of Kallman Syndrome. This is a rare genetic disorder that involves 1 out of 86,000 men and can be inherited in either an autosomal dominant or X-linked recessive pattern. It is due to the failure of Gonadotropin Releasing Hormone (GnRH) neurons to properly migrate from the olfactory placode to the hypothalamus during development. Normally, GnRH stimulates the pituitary to secrete Luteinizing Hormone (LH) and Follicle Stimulating Hormone (FSH). Without GnRH neurons the pituitary will not secrete LH and FSH and this results in hypogonadism.

Without the migration of these GnRH neurons, the olfactory bulbs, which are responsible for the sense of smell, will not form and this leads to the brain findings of bilateral arhinencephaly. Although no documentation can be found that this patient was ever tested for the loss of smell, it is a near certainty that he had either diminished or complete absence of the ability to smell. This is known as anosmia, and unless tested for directly, it is possible that a patient can be unaware that they have it.

It should also be noted that Kallman Syndrome is associated with many congenital heart defects, such as atrial septal defect (ASD), ventricular septal defect (VSD), and arrhythmias such as Wolff-Parkinson-White (WPW) syndrome. This patient had WPW syndrome and atrial fibrillation, and may well have died from a sudden cardiac arrythmia.

There also was evidence of ischemic heart disease in that he had posterior wall ischemic fibrosis approximately 1 and 3 months of age, history of an ST segment elevated myocardial infarct (STEMI) 8 months ago, and an antero-septal partially reversible wall defect during stress testing 2 days ago. The problem with this diagnosis is that the coronary arteries, although noticeably small in caliber, had only mild atherosclerosis. Also, the posterior wall fibrosis was far smaller than would be expected with a STEMI, and no other myocardial fibrosis was found.

Paradoxical venous thromboembolus through the widely patent foramen ovale plugging a coronary artery is a remote possibility, but such red thrombi are usually large and easily found. Cardiac arrythmias can potentiate myocardial ischemia if the coronary artery reserve capacity is reduced (due to small caliber arteries?) and the patient had well documented arrythmias, most likely due to his WPW syndrome.

Therefore, the cause of death is judged to be cardiac arrythmia due to the WPW syndrome, and the manner of death is judged to be natural. The Kallman syndrome is a possible contributing factor, since it may have the WPW defect, but most patients with the WPW syndrome do not have Kallman's syndrome.

Continued....

Patient Account 20005972-517
Med. Rec No (0150)242119N
Patient Name JACKSON, CURTIS
Age 38 YRS DOB [redacted] Sex M Race B
Admitting Dr OUTSIDE TDCJ
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00175

CLINICOPATHOLOGIC CORRELATION:

Reference:
1.Lechago and Gould, Bloodworth's Endocrine Pathology, Neurohypophysis and Hypothalamus, 1997, p. 49-50.

JTK/da
09/30/11

L. CLARKE STOUT, M.D., PATHOLOGIST (Electronic Signature)

10/05/11

Patient Name JACKSON, CURTIS
Patient Location AUTOPST
Room/Bed
Printed Date/Time 10/06/11 - 0723

Page 11

END OF REPORT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM, PLAINTIFFS	§	
v.	§	CIVIL ACTION NO. 4:14-cv-3253 JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT EASON, the UNIVERSITY OF TEXAS MEDICAL BRANCH and the TEXAS DEPARTMENT OF CRIMINAL JUSTICE. DEFENDANTS	§	

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 28

Patient Account: 20005972-517
Med. Rec. No.: (0150)1728537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/22/11 1503
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

1728537

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
Date/Time of Death: 8/20/2011 20:28 Date/Time of Autopsy: 8/23/2011
Pathologist/Resident: STOUT/DIVATIA Service: TDC CONTRACT
Restriction: NONE

***
The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.
***

FINAL AUTOPSY DIAGNOSIS

I. Body as a whole: Sudden unexpected death due to cardiac sarcoidosis A1,2
   A. Heart: Non caseating granulomas identified in 2 blocks of the septum A3
   B. Spleen: Multiple non-caseating granulomas consistent with sarcoid A3

II. Other findings:
   A. Larynx, trachea and bronchi: Gastric contents without tissue reaction consistent with agonal aspiration A5
   B. Thymus: Delayed involution (50 gm) (see comment #1) A5
   C. Body as a whole: No evidence of significant acute injury is identified A5

Comment #1: The significance of this finding is uncertain. No evidence of thymic tumor or other thymic abnormality was found

Comment #2: The cause of death is judged to be cardiac sarcoidosis, and the manner of death is judged to be natural.

RECEIVED
OCT 26 2011
COPIED AND SENT

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD; 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: JONES, JEFFERY
Patient Location: AUTOPSY
Room/Bed: -
Printed Date/Time: 10/24/11 - 1046

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0160)1726537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/22/11 1503
Copies to:

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University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2658

Autopsy No.: AU-11-00176

CLINICAL SUMMARY:

The above information is obtained from TDCJ records and a telephone conversation with the TDCJ Investigator.

The decedent was a 26 year old Black male TDCJ inmate with a clinical history of hypertension, bipolar disorder and schizophrenia. At approximately 07:05 pm on 8/20/2011 he was seen by an officer in the dorm shower room leaning against the wall and sliding down to the floor. He was found to be unresponsive and was taken to the infirmary where CPR was started. Emergency Medical Services were called and resuscitative measures were continued with the deceased being transferred to the Palestine Regional Medical Center. The deceased vomited during resuscitation and may have aspirated. He could not be revived and was pronounced dead at 08:28 pm on 8/20/2011. A complete autopsy was performed at 1030 hours on 8/23/2011.

LCS/da
09/27/11

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1728537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/22/11 1503
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by as "Jeffery Jones", is a well developed, slender, black male, measuring 186 cm in length, and weighing approximately 85 kg according to recent medical records. The general appearance is consistent with the reported age of 26 years. No personal belongings accompanying the body. Rigor mortis is present in the arms and legs and there is fixed lividity on the dorsal surface. The head is normocephalic with very short black scalp hair.

The pupils are equal and measures 0.3 cm in diameter. The corneas are cloudy, the conjunctivae and sclerae are mildly congested. The nares are patent without exudate. Dentition is adequate. Buccal membranes are pale without lesions. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. The abdomen is flat. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is normal. The arms and legs are unremarkable. The genitalia are normal male for the age.

The following evidence of medical intervention is present:
1. Oral tracheal tube with bag and collar
2. Single lumen intravenous line in the left antecubital fossa

The following marks and scars are present:
1. Confluent tattoo bearing the word "slim" over the right forearm
2. Confluent tattoo bearing the word "City" over the left forearm
3. Tattoo on dorsum of the wrist with the words "Hotboy"
4. Tattoo over dorsum of right wrist bearing the word "Dicorrion 318"

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 1.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The left and right pleural cavities contain 10 ml and 15 ml of fluid respectively. The anterior upper lung lobes are only partially collapsed.

The pericardial sac contains minimal clear fluid.

No ribs are fractured.

The thymus normally formed and weighs 50 gm. No thromboemboli are found in the large pulmonary arteries. The height of the left diaphragm is at the 9th intercostal space in the mid axillary line.

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1728537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/22/11 1503
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Pathology Report

FINAL AUTOPSY REPORT
Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

GROSS DESCRIPTION:

The abdominal cavity contains minimal fluid. There are no peritoneal adhesions. The stomach has green post mortem changes along the greater curvature.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 360 gm (normal male 270-360) and is normal in shape. The pericardium is normal. The heart is examined by transverse serial slicing; opening following the flow of blood. The myocardium is homogeneous red-brown without scars, infiltrates or lesions. The endocardium is normal. The left ventricular wall is 1.5 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are normal.

Valve circumferences measured on the fresh heart are: tricuspid valve 12.7 cm (normal 12-13 cm), pulmonic valve 8.4 cm (normal 8.5-9.0 cm), mitral valve 11.6 cm (normal 10.5-11.0 cm), and aortic valve 8.1 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left coronary artery. The coronary arteries are opened longitudinally to reveal no significant atherosclerotic plaques. The aorta exhibits no significant atherosclerotic plaques. The celiac, superior and inferior mesenteric, renal and iliac vessels are normal. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa and vocal cords are normal. The tracheal mucosa is normal. An endotracheal tube is identified in situ. Food particles consistent with those in the stmach are identified in the laryngeal cavity and trachea.

Lungs: The right and left lungs weigh 820 and 780 gm respectively (normal male 435). The pleural surfaces are congested. The both lungs are inflated with formalin before sectioning. The bronchial and vascular trees are normal, except for the presence of aspirated food particles (including corn) identified in the right bronchial tree. The hilar nodes are normal. The lung parenchyma is congested. No other discrete lesions are identified. Mild anthracotic deposits are seen.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa contains food particles (corn, potatoes) but is otherwise without lesions.

Tongue: The tongue is normal.

Stomach and duodenum: The stomach contains approximately 100 ml of dark brown

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1728537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/22/11 1503
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

GROSS DESCRIPTION:

fluid containing partially digested food particles (corn, beans and potatoes). The mucosa is predominantly autolyzed.

The duodenal mucosa is normal.

Pancreas: The pancreas and the pancreatic duct are normal.

Biliary tract: The gallbladder is normal and contains approximately 10 ml of dark green bile. No stones are identified. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1630 gm (normal male 1400-1900). The cut surfaces of the liver are normal.

Small Bowel: The mucosal and serosal surfaces of the small bowel are normal. The lumen contains chyme.

Large bowel: The mucosal and serosal surfaces of the large bowel are normal. The lumen contains feces.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal.

Reticulo-Endothelial System: Spleen: The spleen weighs 240 gm (normal 125-195 gm). Serial slicing reveals a cluster of focal irregular pale lesions of uncertain type along the medial portion.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are normal.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal.

GENITO-URINARY SYSTEM: Kidneys: The right and left kidneys weigh 160 and 150 gm respectively (normal male 125-170 gm). The capsules strip with ease to reveal normal cortical surfaces. Serial slicing reveals no lesions. The cortices are 0.5 cm thick; the medullas 1.5 cm thick. The pelves and calyces are normal. The renal pelvic mucosa is normal.

Ureters: The ureters are normal throughout their length, measuring 0.3 cm in maximal external diameter. They are probe-patent into the bladder.

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0160)1728637
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/22/11 1503
Copies to:

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Galveston, Texas 77555-0543
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

GROSS DESCRIPTION:

Bladder: The bladder is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. The cut surfaces of the prostate are normal. The seminal vesicles are normal.

Testes: The right testis weighs 17.8 gm, and the left 15.8 gm (normal 20-25 gm). The cut surfaces of both the testes are normal.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 15 gm (normal 10-22 gm), and its cut surfaces are normal.

Adrenal glands: The right and left adrenal glands weighs 7 and 7.2 gm respectively (normal 5-6 gm). The transverse cut surfaces of both adrenal glands are normal.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1500 gm (normal male 1200-1400). The gyri and sulci display a normal pattern without significant edema or atrophy. The leptomeninges are normal. The circle of Willis, basilar and vertebral arteries do not show atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

During the autopsy blood and vitreous samples were retained for possible tests. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

Blood samples were sent for toxicological studies.

LCS/da
08/31/11

Patient Name: JONES, JEFFERY
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 10/24/11 - 1046

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1728537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
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Pathology Report

FINAL AUTOPSY REPORT
Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

MICROSCOPIC DESCRIPTION:

- All slides are stained with H&E unless otherwise stated
- NPC= No pathologic change
- (autolysis) after a diagnosis means that post mortem decomposition compromised the assessment

VERTEBRA, slide 1: Bony trabecula with no pathologic change. Marrow is about 60% cellular, ME ratio is about 4 to 1, and all elements have normal maturation.

PROSTATE, slide 2: Minimal chronic inflammation, nonspecific

THYROID, slide 3: No pathologic change except for occasional microfollicular foci of uncertain significance. No malignancy identified.

ADRENAL, RIGHT, slide 4: No pathologic change.

TESTIS, slide 4: No pathologic change

PANCREAS, slide 5: Probably no pathologic change (autolysis)

KIDNEY, RIGHT, slide 6 and LEFT, slide 7: No pathologic change

LIVER, slide 8: No pathologic change

HEART, RIGHT, slide 9: No pathologic change

HEART, SEPTUM, slides 10 and 11: Small non caseating granulomas infiltrate the myocardium. AFB and GMS stains are negative for acid fast bacilli and fungi, respectively (also see slides 26-36).

HEART, LEFT, slide 12: No pathologic change

THYMUS, slide 13: No pathologic change (consistent with delayed involution)

SPLEEN, slides 14 and 15: Multiple foci of non caseating granulomas with ? focal necrosis (autolysis). AFB and GMS stains are negative

COLON, slide 16: Probably no pathologic change. Lymphoid aggregates are present, but not definitely increased.

ILEUM, slide 17: One large lymphoid aggregate consistent with Peyer's patch

LUNG, LEFT, slides 18-20: Focal hemorrhage with fading of tissue without reaction, with occasional vegetable fibers and bacterial colonies consistent with agonal aspiration. Occasional focus of hemosiderin-laden macrophages

Patient Name: JONES, JEFFERY
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 10/24/11 - 1046

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1728537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/22/11 1503
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Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

MICROSCOPIC DESCRIPTION:

consistent with previous hemorrhage. No perivascular crystals identified. Focal nonspecific peribronchiolar lymphocyte infiltrates.

LUNG, RIGHT, slides 21-23: Same as left except for more aspiration

BRONCHUS, RIGHT, slides 24, 25: Vegetable fibers in lumen with absent epithelium but no tissue reaction. Two lymph nodes without granulomas.

HEART, SINOATRIAL NODE, slides 26, 27: Normal SA Node tissue identified in 5 of 5 segments, otherwise NPC. No granulomas identified.

HEART, ATRIOVENTRICULAR NODE, slices 28, 29: Normal His bundle tissue identified in 1 of 4 segments, otherwise NPC. No granulomas identified.

HEART, LEFT ATRIUM, slide 30, LEFT VENTRICLE, POSTERIOR, ANTERIOR AND SEPTUM, slides 31-33, RIGHT VENTRICLE, LOW AND HIGH, slides 34, 35, and RIGHT MAIN AND LEFT CIRCUMFLEX CORONARY ARTERIES, slide 36: Minimal patchy fibrosis in slide 32, otherwise NPC. No granulomas identified.

Blood toxicologic studies were negative.

LCS/da
09/20/11

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1728537
Patient Name: JONES, JEFFERY
Age: 26 YRS DOB: [redacted] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/22/11 1503
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Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00176

CLINICOPATHOLOGIC CORRELATION:

Sarcoidosis is an uncommon, although not rare generalized disease of uncertain etiology in which multiple non caseating granulomas are widely distributed throughout the body. It is a diagnosis of exclusion, since no organisms or other causes of granulomatous inflammation can be found. It may be mild and asymptomatic, or severe and sometimes fatal, usually due to extensive lung destruction. Many patients recover spontaneously or following treatment, usually with corticosteroids.

Sarcoidosis may involve the heart, and thus is a well known although uncommon cause of sudden cardiac death. In one series of 33 cases, 22 died suddenly and unexpectedly, and one-fourth had had no premonitory symptoms. The sudden deaths are thought to be due to arrhythmias, although conduction system involvement is not always found.

References:
Medicolegal Investigation of Death, Second Edition, Werner U Spitz and Russell S Fisher, Editors, Charles C Thomas, Springfield, IL, 1980, p 104.

LCS/LCS
09/27/11

L. CLARKE STOUT, M.D., PATHOLOGIST (Electronic Signature)
L. CLARKE STOUT, M.D., PATHOLOGIST
09/29/11

Patient Name: JONES, JEFFERY
Patient Location: AUTOPSY
Room/Bed:
Printed Date / Time: 10/24/11 - 1046

END OF REPORT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM, PLAINTIFFS	§	
v.	§	CIVIL ACTION NO. 4:14-cv-3253 JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT EASON, the UNIVERSITY OF TEXAS MEDICAL BRANCH and the TEXAS DEPARTMENT OF CRIMINAL JUSTICE. DEFENDANTS	§	

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 29

Office of Chief Medical Examiner
Tarrant County Medical Examiner's District
Tarrant County, Texas
200 Feiks Gwozdz Place, Fort Worth, Texas 76104-4919
(817) 920-5700 FAX (817) 920-5713

AUTOPSY REPORT

NAME: Emma JOHNSON 1673927
Approximate Age: 54 years
Height: 66-1/2 inches
TDCJ Unit: Lane Murray Unit

CASE NO: 1110472
Sex: Female
Weight: 196.4 pounds
TDCJ #: 1673927

I hereby certify that on the twenty sixth day of August 2011, beginning at 1100 hours, I, Nizam Peerwani, M.D , pursuant to Court Order issued by Judge Coy Latham of Coryell County, Texas, performed a complete autopsy on the body of EMMA JOHNSON at the Tarrant County Medical Examiner's District Morgue in Fort Worth, Texas and upon investigation of the essential facts concerning the circumstances of the death and history of the case as known to me, I am of the opinion that the findings, cause and manner of death are as follows:

FINDINGS:

I. **Investigative Findings:**
   A. Decedent discovered unresponsive on the floor of a cell and later pronounced dead at a local area hospital
   B. Medical history of schizophrenia, hepatitis-C and obesity

II. **Postmortem Findings:**
   A. Atherosclerotic cardiovascular disease:
      1. Multi-focal occlusive coronary atherosclerosis with:
         a) 50% stenosis of left main stem
         b) Over 70% stenosis of left anterior descending branch with calcification
         c) Multi-focal moderate-to-severe small vessel disease of the myocardium
      2. Arteriolonephrosclerosis, bilateral, mild
      3 Generalized atherosclerosis, moderate
   B. Centrilobular emphysema, bilateral, mild, with pulmonary anthracosis
   C. Hepatitis-C with:
      1. Chronic persistent hepatitis
      2. Early portal-to-portal bridging
      3. Absence of acute hepatocellular necrosis or degeneration
   D. Chronic cholecystitis with lithiasis
   E. Multiple uterine leiomyomata

1110472
Emma JOHNSON

FINDINDS (Continued):

F. Generalized visceral congestion
G. Postmortem laceration of forehead

III. No evidence of trauma or foul play

CAUSE OF DEATH:

1. SUDDEN CARDIAC DEATH DUE TO ISCHEMIC HEART DISEASE
2. CHRONIC PERSISTENT HEPATITIS-C WITH EARLY FIBROSIS

MANNER OF DEATH: NATURAL

Signature 9-30-11

Nizam Peerwani, M.D.
Chief Medical Examiner

1110472
Emma JOHNSON

GROSS ANATOMIC DESCRIPTION

I. **CLOTHING AND PERSONAL EFFECTS:** The body is presented to the Morgue wrapped in a white sheet, secured in a gray body bag and clad in a white nightgown.

II. **THERAPEUTIC INTERVENTION:**
1. Left tibial intra-osseous line
2. Seven EKG pads
3. Two pacer pads

III. **EXTERNAL BODY DESCRIPTION:** The body is that of a normally developed adult black female appearing the stated age of 54 years with a body length of 66-1/2 inches and body weight of 196.4 pounds. Body presents medium, heavy set build with obesity, normal hydration and good preservation. There is moderate rigor with developed posterior fixed lividity of normal color. Body is cold to touch post refrigeration. Head is covered by medium length, curly, black hair with receding anterior hairline and without balding. Body is cold to touch post refrigeration. Face is cyanotic. There is a postmortem laceration of forehead measuring 1 inch with focal compression abrasion and surrounding ecchymosis covering a surface 2 inch by 2 inches. There is slight body hair of female pattern distribution. Eyes are closed with cloudy bulbar and palpebral conjunctivae and without tache noire Irides are brown with white sclerae. Cataracts are not identified. Arcus senilis are absent. Pupils are equal at 4 mm. Orbits appear normal. Nasal cavities are unremarkable with intact septum. Oral cavity presents natural teeth with poor oral hygiene characterized by missing and carious teeth. Ears are unremarkable with no hemorrhage in the external auditory canal. Earlobes are pierced x 2 each. Neck is supple and there are no palpable masses Chest is symmetrical without barrel configuration. Medium sized breasts are noted without palpable masses. Abdomen is protuberant and palpation non-revealing. Upper and lower extremities are equal and symmetrical presenting cyanotic nail beds without clubbing or edema. There are no fractures, injuries, deformities or amputations present. External genitalia present intact introitus with unremarkable vulva and vagina. The back reveals dependent lividity with contact pallor.

SCARS: Midline supra-pubic = 6 inches

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TATTOOS: None

IV. INTERNAL EXAMINATION

1. INTEGUMENTS: A Y-shaped thoraco-abdominal incision is made and the organs are examined in situ and eviscerated in the usual fashion. The subcutaneous fat is normally distributed, moist and bright yellow. The musculature of the chest and abdominal area is of normal color and texture.

2. SEROUS CAVITIES: The chest wall is intact without rib, sternal or clavicular fractures. The pleura and peritoneum are congested, smooth glistening and essentially dry, devoid of adhesions or effusion. There is no scoliosis, kyphosis or lordosis present. The left and right diaphragms are in their normal location and appear grossly unremarkable. Pericardial sac is intact smooth glistening and contains normal amounts of serous fluid.

3. CARDIOVASCULAR SYSTEM: The heart is of normal size and weighs 382 gms and there is absence of chamber hypertrophy or dilatation. Left ventricular wall is 1.5 cms and the right 0.5 cms. Cardiac valves are unremarkable with the aortic, mitral, pulmonary and tricuspid valves having a circumference of 7.5, 11, 8 and 13 cms respectively. The coronary ostia are in the normal anatomical location leading into narrowed coronary arteries due to atherosclerosis with 50% stenosis of left main stem andover 70% stenosis of left anterior descending branch. Right dominant circulation is present. The endocardial surface is smooth without thrombi or inflammation. Sectioning of the myocardium presents no gross evidence of ischemic changes either of recent or remote origin. The aortic arch along with the great vessels present prominent generalized atherosclerosis. Congenital cardiac anomalies are absent.

4. PULMONARY SYSTEM: The neck presents an intact hyoid bone as well as thyroid and cricoid cartilages. Larynx is comprised of unremarkable vocal cords and folds, appearing widely patent without foreign material, and is lined by smooth, glistening membrane. Epiglottis is a characteristic plate-like structure without edema, trauma or pathological lesions. Both the musculature and the vasculature of the anterior neck are unremarkable. Trachea and spine are in the midline presenting no traumatic injuries or pathological lesions.

Lungs are hyper inflated and together weigh 1496 gms. Both the lungs appear severely congested and edematous and on sectioning frothy edema fluid can be easily expressed. There are no gross pneumonic lesions or abnormal masses identified. Mild centrilobular emphysema is present. The tracheobronchial tree

contains large amounts inspissated frothy edema fluid with aspirated gastric contents and pulmonary arterial system is unremarkable without thrombo-emboli Pleural surface is black and fibrotic

5. **GASTROINTESTINAL SYSTEM:** Esophagus is intact with normal gastro-esophageal junction and without erosions or varices. Stomach is also normal without gastritis or ulcers. Stomach is devoid of food particles. Loops of small and large bowel appear grossly unremarkable. The appendix is unremarkable

Liver is of normal size and weighs 1340 gms presenting a brown smooth glistening surface. Patchy areas of yellow discoloration due to mild fatty metamorphosis are present. On sectioning the hepatic parenchyma is brown, homogeneous and congested. Gallbladder contains 10 mL of green bile and reveals cholecystitis with one large gallstone measuring 2 cms by 1 cm. Pancreas weighs gms with yellow lobulated cut surface and without acute or chronic pancreatitis.

6. **GENITOURINARY SYSTEM:** Left and right kidneys weigh 178 5 gms and 156.5 gms respectively The capsules strip with ease and the cortical surfaces are smooth, brown, glistening and congested. On sectioning the cortex presents a normal thickness of 0.7 cms above the medulla. The renal columns of Bertin extend between the well demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. The pelvis is of normal size and lined by gray glistening mucosa There are no calculi. Renal arteries and veins are normal.

The ureters are of normal caliber lying in their course within the retro peritoneum and draining into an unremarkable urinary bladder contains 10 mL of urine. External genitalia are those of an adult female with intact vulva and vagina. Uterus is non-gravid enlarged presenting smooth glistening pink serosa with multiple leiomyomata. The endometrium is unremarkable. Cervix is patent and the endocervical canal contains mucoid material. There are no malignant lesions present. Fallopian tubes are intact and grossly unremarkable. Ovaries present normal size and shape and on sectioning reveal no pathologic lesions

7. **HEMATOPOIETIC SYSTEM:** Spleen weighs 333.5 gms presenting a grey smooth capsule and on sectioning reveals a reddish-brown soft splenic pulp. There is hilar lymphadenopathy with reactive black nodes measuring 1-2 cms in diameter Bone marrow is red and firm and thymus gland is unremarkable weighing 35.5 gms.

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8. ENDOCRINE SYSTEM: Thyroid gland is of normal size and shape presenting two well-defined lobes with connecting isthmus and a beefy brown cut-surface. There are no goitrous changes or adenomas present. Adrenal glands are of normal size and shape and sectioning present no gross pathological lesions. Pituitary gland is encased within and intact sella turcica and presents no gross pathological lesions.

9. CENTRAL NERVOUS SYSTEM: A scalp incision, craniotomy and evacuation of the brain are carried out in the usual fashion. Scalp is intact without contusions or lacerations. Calvarium is likewise intact without bony abnormalities or fractures.

Brain weighs 1273.5 gms presenting moderate-to-severe congestion of the leptomeninges. Overlying dura is intact and unremarkable. Cerebral hemispheres reveal a normal gyral pattern with mild global edema. Brainstem and cerebelli show similar changes with bilateral mild uncal and cerebellar tonsillar notching. Circle of Willis is patent presenting no evidence of thrombosis or berry aneurysm. On coronal sectioning of the brain, the ventricular system is symmetric and contains clear cerebrospinal fluid. There are no space occupying lesions present. Spinal cord is not examined.

HISTOLOGY:

Heart:	Myocardial fiber hypertrophy with moderately severe small vessel disease and peri-vascular and patchy interstitial fibrosis.
Lungs:	Mild centrilobular emphysema with pulmonary anthracosis.
Liver	Chronic persistent hepatitis with portal triaditis and early portal-to-portal bridging as well as mild microvesicular steatosis and cholestasis. Absence of identifiable hepatocellular dropout or necrosis (except for few areas suggestive of lobular ballooning degeneration).
Kidneys:	Mild arteriolonephrosclerosis.
Pancreas:	No pathologic lesions. Autolysis.
Thyroid:	No pathologic lesions.
Adrenals:	No pathologic lesions.
Spleen:	No pathologic lesions.
Brain:	No pathologic lesions.

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SPECIMENS AND EVIDENCE COLLECTED

1. 30 mL of aortic blood, 10 mL of femoral vein blood, 5 mL of vitreous and 30 mL of urine
2. Representative tissue sections in formalin for histology
3. 18 digital exam photos
4. Blood card

Date of Exam:	August 26, 2011
Expected Date Completion	October 26, 2011
Dictated/Typed	August 27, 2011
Completed	September 30, 2011

NSP rp

Toxicology Test Results

Office of Chief Medical Examiner
Toxicology Laboratory Service
200 Feliks Gwozdz Place
Fort Worth, Texas 76104
Name: Emma Johnson
Case Number 1110472
Toxicology Work Number 1101923

Nizam Peerwani, M D , DABFP
Chief Medical Examiner
Robert Johnson, PH D., DABFT
Chief Toxicologist
Priority: 1
Service Request Number. 001

Specimen	Drug	Result	Drug Amount	Performed By
AORTA BLOOD	ETHANOL AxSYM	NEGATIVE		B LANDRY
URINE	CANNABINOIDS AxSYM	NEGATIVE		B LANDRY
URINE	COCAINE AxSYM	NEGATIVE		B LANDRY
URINE	OPIATES AxSYM	NEGATIVE		B LANDRY
URINE	AMPHETAMINES AxSYM	NEGATIVE		B LANDRY
URINE	BENZODIAZEPINES AxSYM	NEGATIVE		B LANDRY
URINE	ACID	NEGATIVE		C WHEELER
FEMORAL BLOOD	DIPHENHYDRAMINE	NEGATIVE		C. WHEELER
URINE	DIPHENHYDRAMINE	POSITIVE		C WHEELER

Report Prepared By

Approved By

Approved Date. 9/9/11

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Case No. 11-10472

Examiner: Dcerwin

Sup L=1 w/abr and ecchymosis = 2x2